



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

BRENT CURTIS, DC

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-17-3874-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

AUGUST 31, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have determined that the fax number used is associated with SORM and according to 133.210(e) any information posossed [sic] by one entity is possessed by the other...an original bill and a reconsideration were submitted, the current rules allow reimbursement."

Amount in Dispute: \$800.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Office researched and further requested SORM's Information Technology department for assistance in determining the Business Entity who is assigned fax number of 512-370-9709 as the evidence provided by the requestor shows the initial submission of the medical bill for date of service 11/1/2016 was sent to this fax number. This research revealed the fax number 512-370-9709 is assigned to an employee with Texas Office of Attorney General's Crime Victim Services Agency which is not the same entity as The Office as alleged by the requestor's position statement. There is no evidence of information that indicated that the Office of Attorney General's Crime Victim Services Agency is an insurance carrier, a health maintenance organization or a workers' compensation insurance carrier under Texas Labor Code 408.0272(b)...The Office received an initial medical bill on 6/15/2017 for date of service 11/1/2016, a denial for 29-Time limit for filing has expired was issued on 8/15/2017."

Response Submitted By: SORM

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 1, 2016	CPT Code 99456-W5-WP	\$800.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.

2. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §133.20, effective January 29, 2009, 34 Texas Register 430, sets out the procedure for healthcare providers submitting medical bills.
4. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
5. 28 Texas Administrative Code §133.2, effective March 30, 2014 defines the words and terms used in medical bill processing.
6. 28 Texas Administrative Code §133.210, effective May 2, 2006 sets out the procedures for medical bill processing/audit by insurance carriers.
7. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
8. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29-The time limit for filing has expired.
 - 937-Service(s) are denied based on HB7 provider timely filing requirement. A provider must submit a medical bill to the insurance carrier on or before the 95th day after the date of service.

Issues

1. Does the documentation support the respondent received the bill?
2. Does the requestor meet exception for filing claim within the 95 day deadline? Is the requestor due reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution for a designated doctor examination, CPT code 99456-W5-WP, rendered to the claimant on November 1, 2016.

According to the explanation of benefits, the respondent denied reimbursement for the services in dispute based upon reason codes "29-The time limit for filing has expired."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 Texas Administrative Code §102.4(h), states, "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." A review of the submitted documentation does not contain any evidence such as a fax, personal delivery, electronic transmission, or certified green cards to support the bill was sent to the respondent within the 95 day deadline.

The requestor contends that "We have determined that the fax number used is associated with SORM and according to 133.210(e) any information posossed [sic] by one entity is possessed by the other...an original bill and a reconsideration were submitted, the current rules allow reimbursement." In support of their position, the requestor submitted fax transmission cover sheets that indicate the following:

- November 11, 2016 claim sent to fax number (512)370-9709.
- February 8, 2017 claim sent to fax number (512)370-9709.
- June 15, 2017 claim sent to fax number (512)370-9

The respondent argues that payment is not due because "research revealed the fax number 512-370-9709 is assigned to an employee with Texas Office of Attorney General's Crime Victim Services Agency which is not the same entity as The Office."

To determine if the requestor supported position that the bill was submitted to the respondent, the division refers to 28 Texas Administrative Code §133.2 (2) and §133.210.

28 Texas Administrative Code §133.2 (2) defines an Agent as “A person whom a system participant utilizes or contracts with for the purpose of providing claims service or fulfilling medical bill processing obligations under Labor Code, Title 5 and rules. The system participant who utilizes or contracts with the agent may also be responsible for the administrative violations of that agent. This definition does not apply to "agent" as used in the term "pharmacy processing agent.”

28 Texas Administrative Code §133.210(e) states “It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other.”

The division finds the requestor does not support that the fax number (512)370-9709 belongs to the respondent and/or agent. The division also finds that the requestor did not support that the respondent and/or agent ever received the disputed bill within the 95 day deadline.

2. Texas Labor Code §408.0272(b)(1) states “Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title.”

The division finds the requestor does not meet the exception for the untimely filing of the claim because he did not support that the fax number (512)370-9709 belongs to an insurance carrier, a health maintenance organization or a workers' compensation insurance carrier under Texas Labor Code 408.0272(b). As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

9/20/2017
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.